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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number      SCIPERIO

First Named Inventor      ROBINSON

**COMPLETE IF KNOWN**

Application Number      /

Filing Date      08/03/2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Transmission Electron Microscope Sample Preparation

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/222,728	08/03/2000	


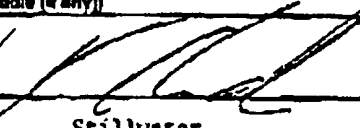
[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> OR <input checked="" type="checkbox"/> Correspondence address below			
Name <b>James C. Wray</b>			
Address <b>1493 Chain Bridge Road</b>			
Address <b>Suite 300</b>			
City <b>McLean</b>	State <b>VA</b>	ZIP <b>22101</b>	
Country <b>US</b>	Telephone <b>(703) 442-4800</b>	Fax <b>(703) 448-7397</b>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and are the so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Joseph</b>		Family Name or Surname <b>Robinson</b>	
Inventor's Signature 		Date <b>8/3/01</b>	
Residence: City <b>Portland</b>	State <b>OR</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>2056 N.W. Alcock Drive</b>			
Mailing Address <b>Suite 323</b>			
City <b>Hillsboro</b>	State <b>OR</b>	ZIP <b>97124</b>	Country <b>US</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Kenneth H.</b>		Family Name or Surname <b>Church</b>	
Inventor's Signature 		Date <b>8/3/01</b>	
Residence: City <b>Stillwater</b>	State <b>OK</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>5202-2 N. Richmond Hill Road</b>			
Mailing Address			
City <b>Stillwater</b>	State <b>OK</b>	ZIP <b>74075</b>	Country <b>US</b>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto			

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PTO/SB/01 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	08/03/2001
First Named Inventor	ROBINSON
Gross Art Unit	
Examiner Name	
Attorney Docket Number	SCIPERTO

I hereby appoint:

☐ Practitioners at Customer Number 

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or  
Individual Name

James C. Wray

Address 1493 Chain Bridge Road

Address Suite 300

City McLean State VA Zip 22101

Country US

Telephone (703) 442-4800 Fax (703) 448-7397

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Joseph Robinson, CEO, Ascend Instruments, Inc.

Signature 

Date 8/3/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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Application Number	
Filing Date	08/03/2001
First Named Inventor	ROBINSON
Group Art Unit	
Examiner Name	
Attorney Docket Number	SCIPERIO

I hereby appoint:

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**OR**

☒ Practitioner(s) named below:

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**


<input checked="" type="checkbox"/> Firm or Individual Name	James C. Wray				
Address	1493 Chain Bridge Road				
Address	Suite 300				
City	McLean	State	VA	Zip	22101
Country	US				
Telephone	(703) 442-4800	Fax	(703) 448-7397		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

### SIGNATURE of Applicant or Assignee of Record

Name	Kenneth H. Church, President, Sciperio, Inc.
Signature	
Date	8/3/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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